

Name  
in  
Full

CERTIFICATE OF DEATH

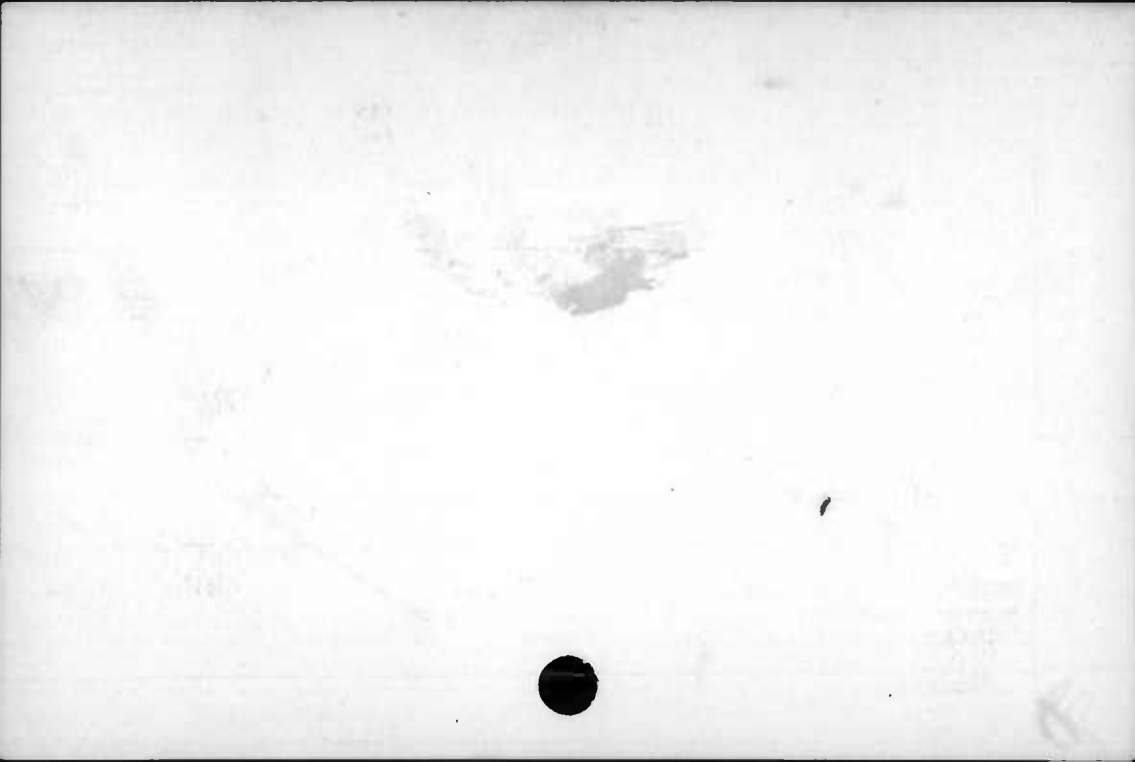
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomfret</i> <sup>Town</sup>		<i>Char</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>30</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Char Co Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Pomfret Md</i>		
Married, Single <i>—</i> or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>J. P. Adams</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary A Wade</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>J P Adams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>85</i>	How long
Immediate <i>Hemorrhage</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John P Marshall</i>	
	Address <i>Sub Rg</i>	
Accident or Suicide?		



Name  
in  
Full

Lillian

Barbour

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>29</i>	Years <i>17</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>J. S. Barbour</i>	Father's Birthplace <i>St Marys Co</i>				
Mother's Maiden Name <i>M. S. Markas</i>	Mother's Birthplace <i>King Geo. Co Va</i>				
Name of person giving information <i>J. S. Barbour</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

Primary <i>about year or more</i> <i>Pernicious Anaemia - La Grippe</i>	How long <i>about 10 days</i>
Immediate <i>Heart Failure</i>	How long <i>week or 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen</i>
	Address <i>La Plata Md</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN  
OR CORONER



Name in Full *Elizabeth Beale*

CERTIFICATE OF DEATH

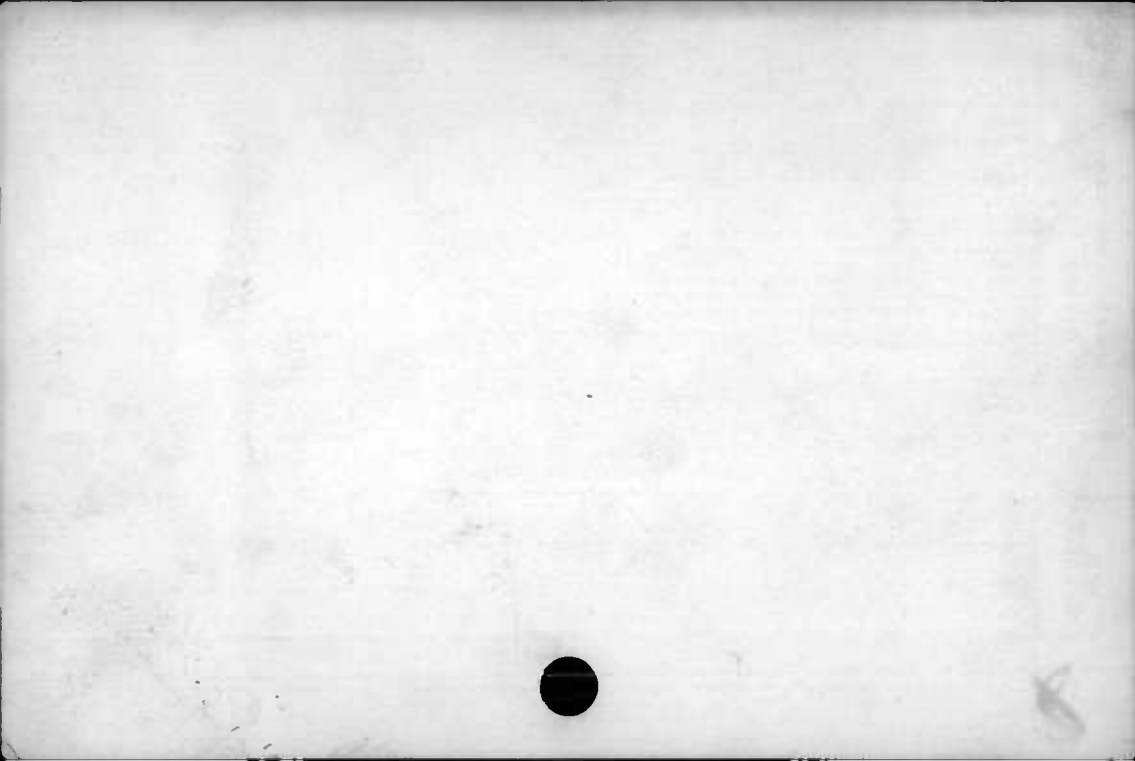
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i> <sup>Town</sup>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>30</i>	Age <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		
Occupation <i>housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elizabeth Beale</i>				
Father's Name <i>Edward Edelin</i>	Father's Birthplace <i>Charles Co.</i>		Mother's Birthplace <i>Charles Co.</i>		
Mother's Maiden Name <i>Eddie E. Edelin</i>	Name of person giving information <i>Maggie H. Edelin</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>about 1 yr</i>
Immediate <i>uraemia convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at *James Blanchard.*  
Town *Marshall Hall*County *Charles*

MARYLAND

Date

of death *1907*Month *Jan*Day *10*

Age

Years

Months *22*

Days

Sex *Male*Color or  
Race *White*Birth-  
place

Occupation

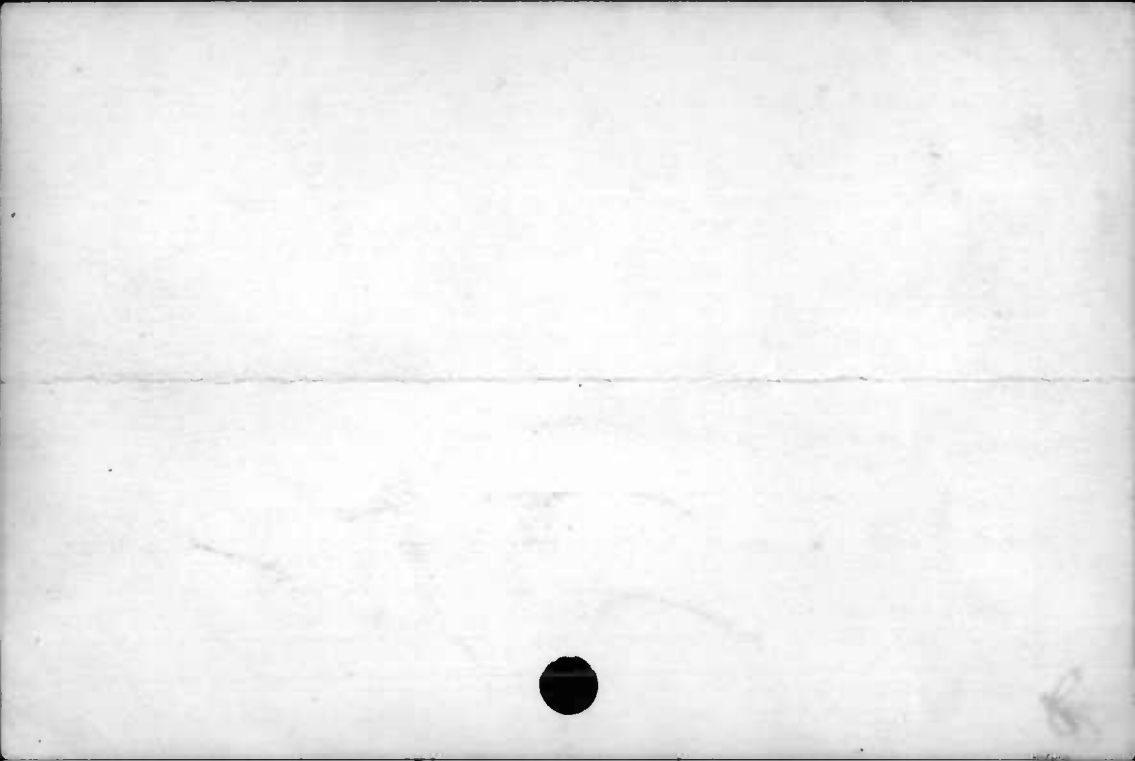
Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Edward E. Blanchard.*Father's  
Birthplace *Washington, D.C.*Mother's  
Maiden Name *Mary J. Swann.*Mother's  
Birthplace *Charles Co.*Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary *Cerebellar Bronchitis*How long *2 weeks*Immediate *Pulmonary Edema*How long *3 days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Geo. C. Picknell*Address *Prigak, Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town

County

## MARYLAND

Died at *New Bedford*

*Leaves*

Date \_\_\_\_\_

Month

Day

Years

Months

Days

of death 1907

*[Signature]*

24

Age

32

Sex

Color or Race

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving  
information

How related  
to deceased

### CAUSES OF DEATH

Primary

How long

Immediate

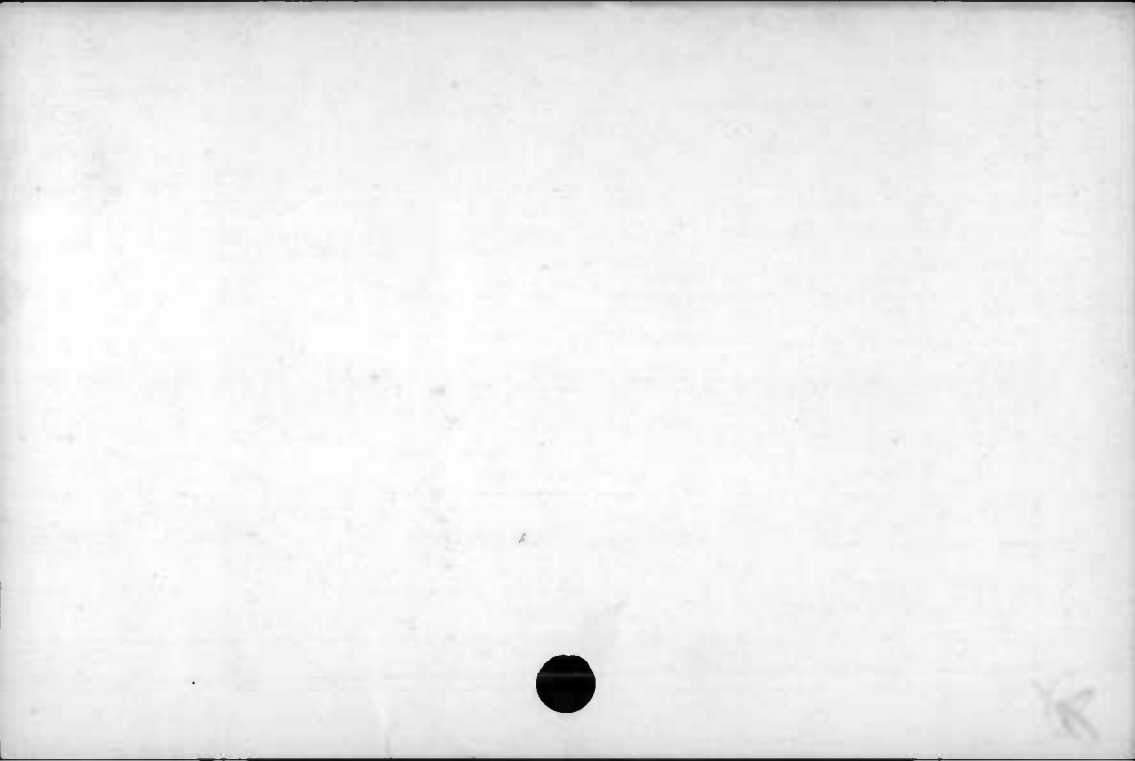
Hoy long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

## Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Thomas Brown

Town

County

MARYLAND

Died at *Pennocky*

Date of death *1907 Jan 13*

Age

Years

Months

Days

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
In formation

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

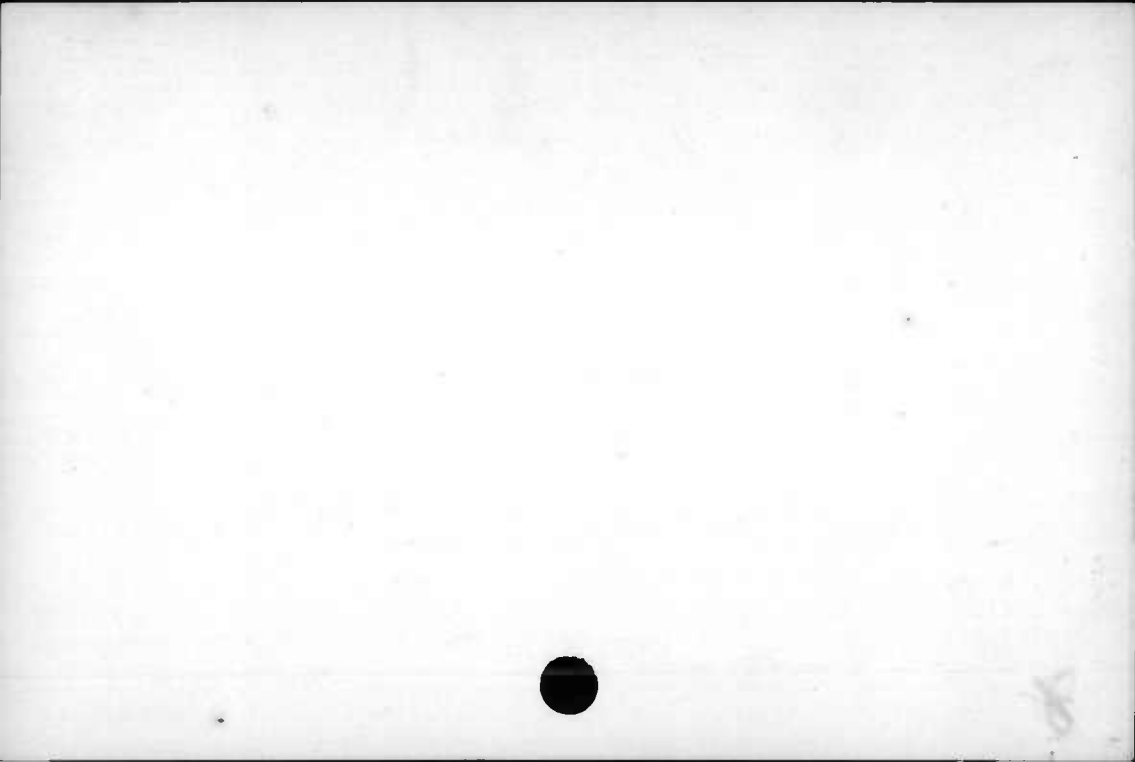
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

97





Name  
in  
Full

Carlisle Budget

## CERTIFICATE OF DEATH

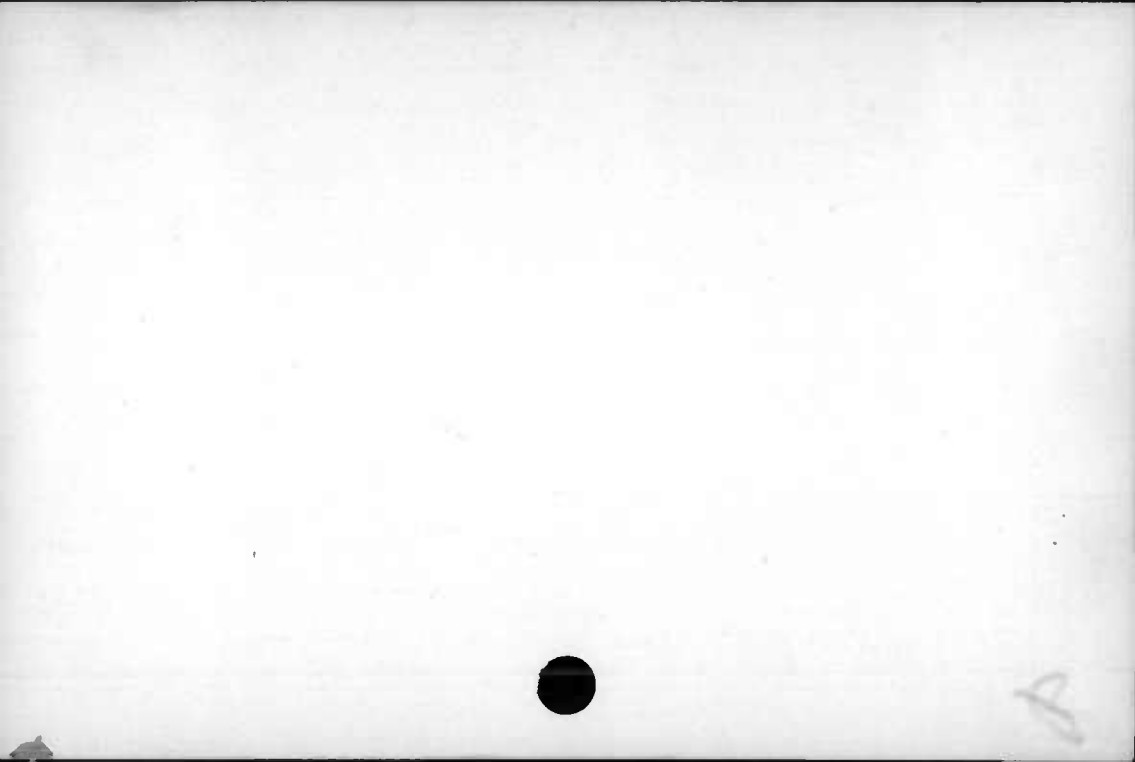
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Dubois</b> Town		<b>Charles</b> County		MARYLAND	
Date of death <b>1907</b>	Month <b>Jan</b>	Day <b>7</b>	Years <b>2</b>	Months <b>-</b>	Days <b>-</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>	
Occupation <b>-</b>			Where Residing if not at place of death <b>-</b>		
Married, Single or Widowed <b>-</b>		Name of Wife or Husband <b>-</b>			
Father's Name <b>Oddie Budget</b>			Father's Birthplace <b>Char Co Ind</b>		
Mother's Maiden Name <b>Hattie Swann</b>			Mother's Birthplace <b>" " "</b>		
Name of person giving information <b>Francis Thomas</b>			How related to deceased <b>None</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Acute Gastritis</b>	<b>104</b> How long <b>24 hours</b>
Immediate	<b>Convulsions</b>	How long <b>fast "</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes as given by applicant</b>		Signature of Physician <b>C. L. Carl</b>
		Address <b>Waco, Ind</b>
Accident or Suicide? <b>Ind</b>		



Name  
in  
Full

Not Named Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Malawanan</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Jan</i>	Day	<i>18</i>	Age	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Charles Co</i>
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Butler</i>				Father's Birthplace <i>Chas Co Ind</i>			
Mother's Maiden Name <i>S. Emma Proctor</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Joseph Butler</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Now in attendance</i>
<i>Yes</i>		Address	<i>Shot No 141 Harrison</i>
Accident or Suicide?		<i>Sub Reg: —</i>	





Name  
in  
Full

Mary J. Chapman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Myersville</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Jan</i>	Day	<i>2</i>
Age		<i>29</i>	Years	<i>—</i>	Months
Sex		<i>Female</i>	Color or Race	<i>Cauc</i>	Birth-place
Occupation		<i>Dom</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>	Name of Wife or Husband		
Father's Name		<i>George Chapman</i>	Father's Birthplace		
Mother's Maiden Name		<i>Margaret Wade</i>	Mother's Birthplace		
Name of person giving information		<i>Joseph Chapman</i>	How related to deceased		
			<i>Uncle</i>		

## CAUSES OF DEATH

Primary	<i>Angiocarditis</i>	How long	<i>29</i>
Immediate	<i>Exhaustion</i>	How long	<i>Short while</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Morris</i>	
		Address	
		<i>Waco, Tex</i>	
Accident or Suicide?			
<i>No</i>			



Name  
in  
Full

Henrietta Eastman

## CERTIFICATE OF DEATH

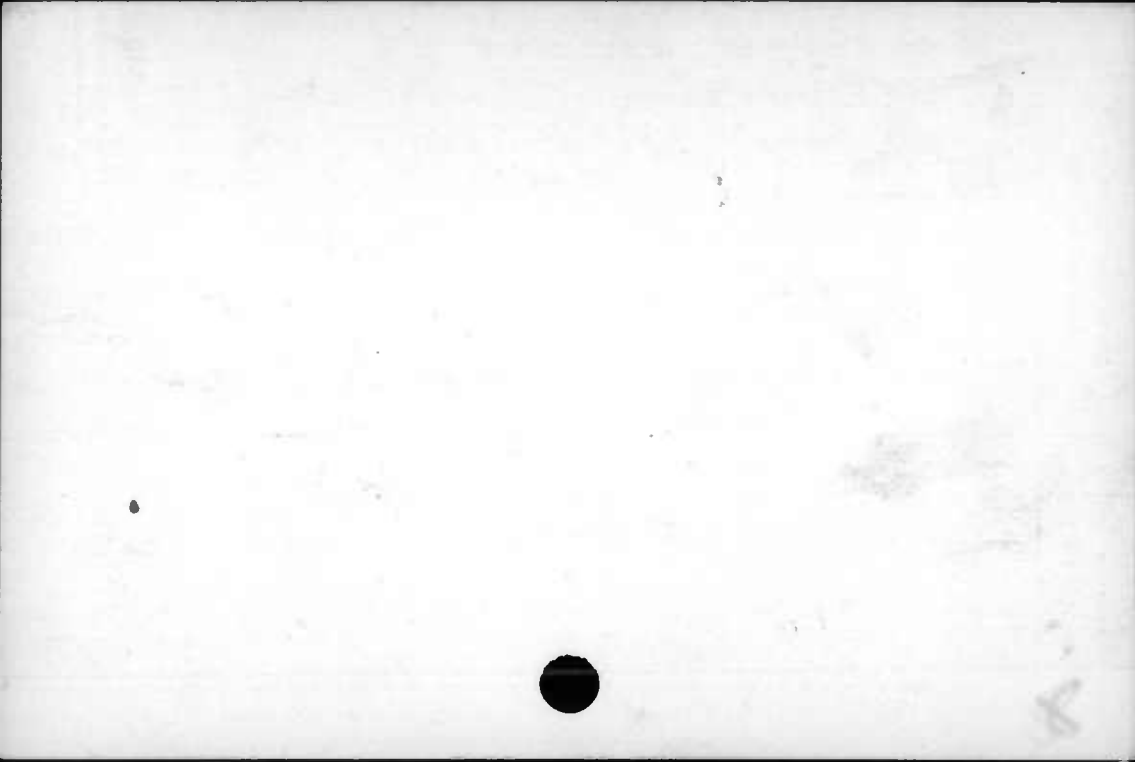
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Perry</i>		County <i>Choke</i>		MARYLAND	
Date of death	1907	Month	June	Day	16	Age	24
Sex		Female		Color or Race		Colored	
Occupation		House servant		Birth-place		Ches Co Ind.	
Where Residing if not at place of death		Perry Ind.					
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John Eastman				Father's Birthplace	
Mother's Maiden Name		Lucinda Bowman				Mother's Birthplace	
Name of person giving information		Fred E. Eastman				How related to deceased	
						Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>One Year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. W. Mitchell</i>	
Address		<i>Perry Ind.</i>	
Accident or Suicide?		No	



Name  
in  
Full

Bowling Green

## CERTIFICATE OF DEATH

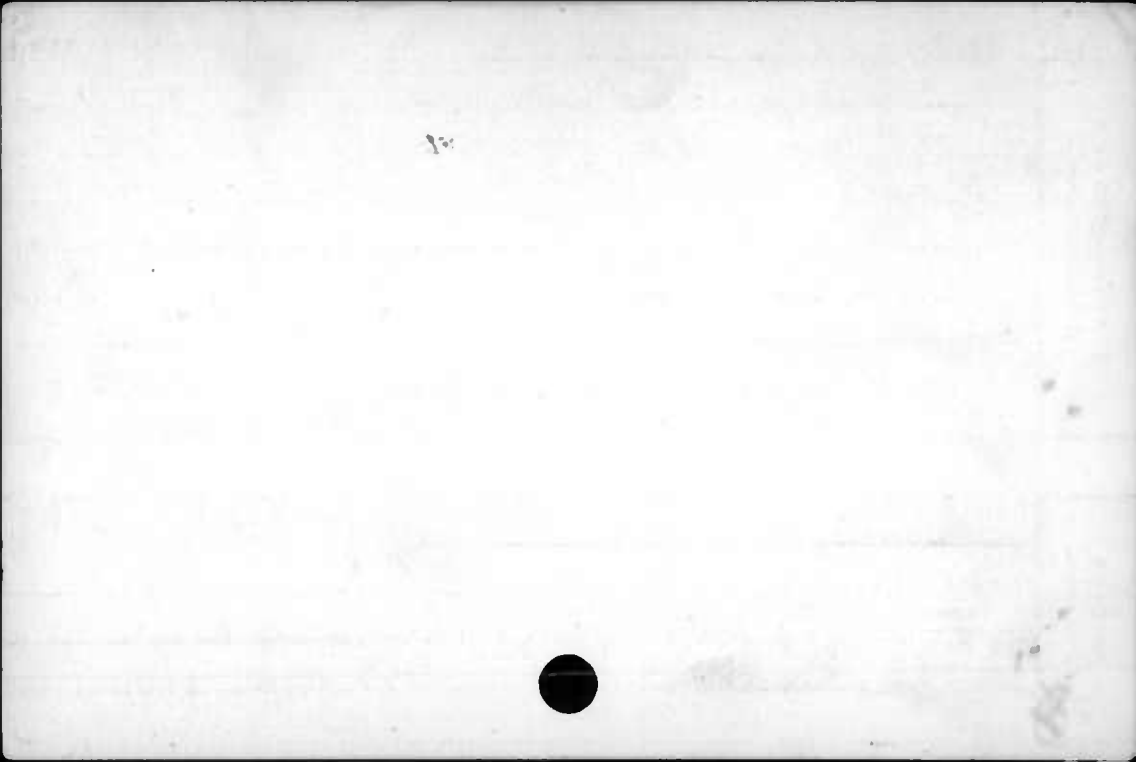
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Prigutino</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>17</i>	Age <i>90</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>col'd</i>		Birth- place <i>Ind</i>				
Occupation <i>servant</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>Do not know</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Do not know</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving Information <i>W. L. Hawkins</i>				How related to deceased <i>son in law</i>			

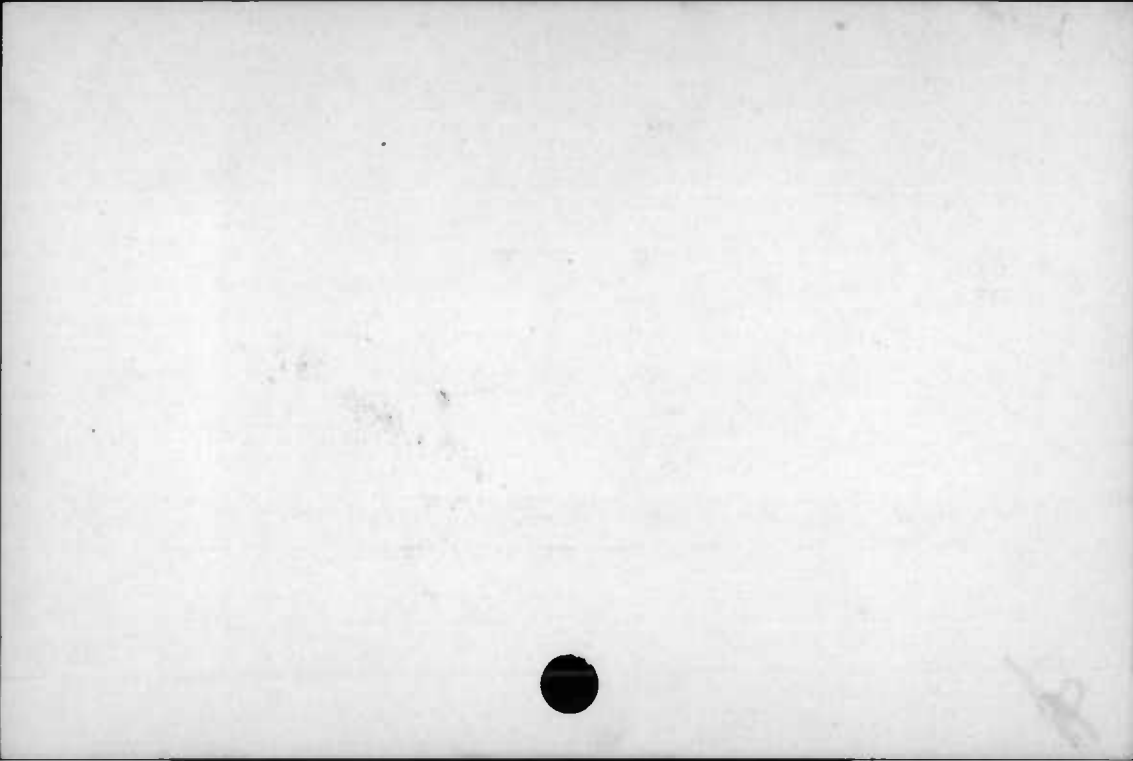
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>JB</i>	Signature of Physician <i>L. B. Brannon</i>
		Address <i>Prigutino</i>
Accident or Suicide?		<i>Ind</i>



Name in Full		Daniel Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Disgah		Charles		MARYLAND	
	Date of death	1907	Month	Jan	Day	28	Age
	Sex	Male		Color or Race	Collord		Birth-place
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William H Jones				Father's Birthplace	Md.
	Mother's Maiden Name	Martha A Sweeden				Mother's Birthplace	Ind
	Name of person giving information	Jm A Jones				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	none in attendance
	no Physician in attendance					Address	C D Carpenter Sub. Reg Disgah Md.
Accident or Suicide?							





Name  
in  
Full

*Samuel Jones*

CERTIFICATE OF DEATH

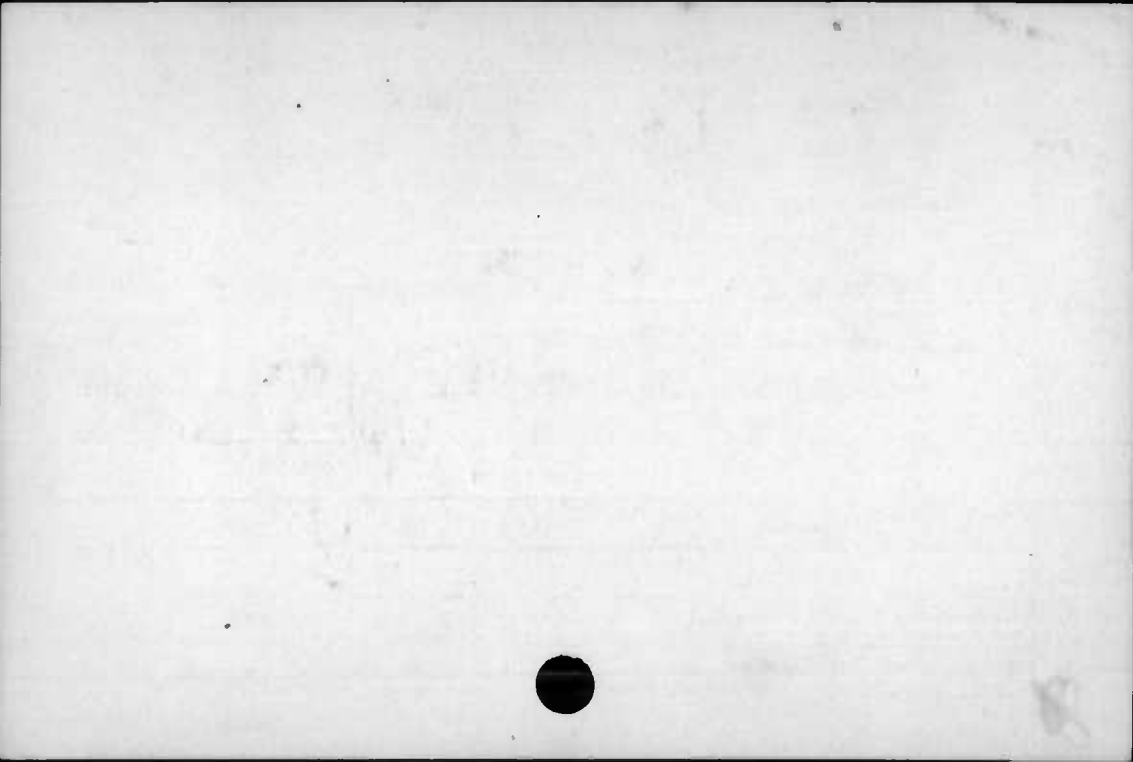
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Jan.</i> <small>Day</small>	<i>28</i> <small>Years</small>	Age	<i>—</i> <small>Months</small>
Sex	<i>male</i>	Color or Race	<i>collord</i>	Birth-place	<i>Md.</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Singled</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>William H Jones</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Martha A Sweeden</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Wm H Jones</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>179</i>	How long
Immediate		<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician
<i>no physician attending</i>	<i>none in attendance</i>	Address
Accident or Suicide?		<i>619 Carpenter Sub. Bldg. Pisgah Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

Adeline Lawson

Town

County

MARYLAND

Died at

Nanperry

Chas'

Date

Month

Day

Years

Months

Days

of death

1907

Jan

22

Age

37

Sex

Female

Color or  
Race

Black

Birth-  
place

md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of  
Husband

Stephen Lawson

Father's  
Name

Wesley Washington

Father's  
Birthplace

md

Mother's  
Maiden Name

Bertie Washington

Mother's  
Birthplace

md

Name of person giving  
Information

Frank Shinn

How related  
to deceased

-

## CAUSES OF DEATH

Primary

Child Birth & Eclampsia  
(convulsions)

How long

1 day

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

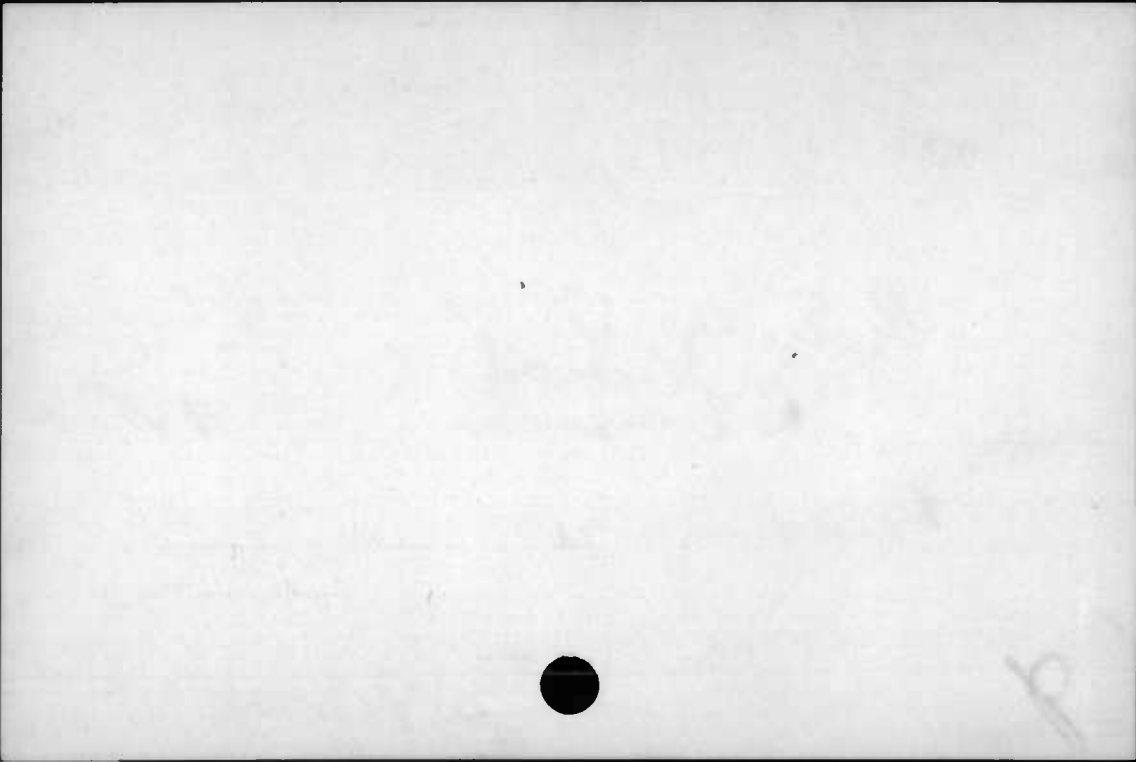
Signature of  
Physician

Address

S H Speck  
Baylor

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Mary L. Lerman*  
*M. Concher*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	7	Month	1	Day	2 <sup>3</sup>	Age	Years
Sex	Female		Color or Race	Black		Birth-place	Progab, Md
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband	None						
Father's Name	R. E. Lerman					Father's Birthplace	Ches Co Md
Mother's Maiden Name	Feltz Lerman					Mother's Birthplace	KI
Name of person giving information	R. E. Lerman					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>		How long	<i>2 wks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>W. H. Wagner</i>
		Address	<i>W. H. Wagner</i> <i>S. H. Reg</i>	
Accident or Suicide?				

Reported by  
W. H. Brown  
Sub Reg

Name  
in  
Full

*Geo. P. Long*

CERTIFICATE OF DEATH

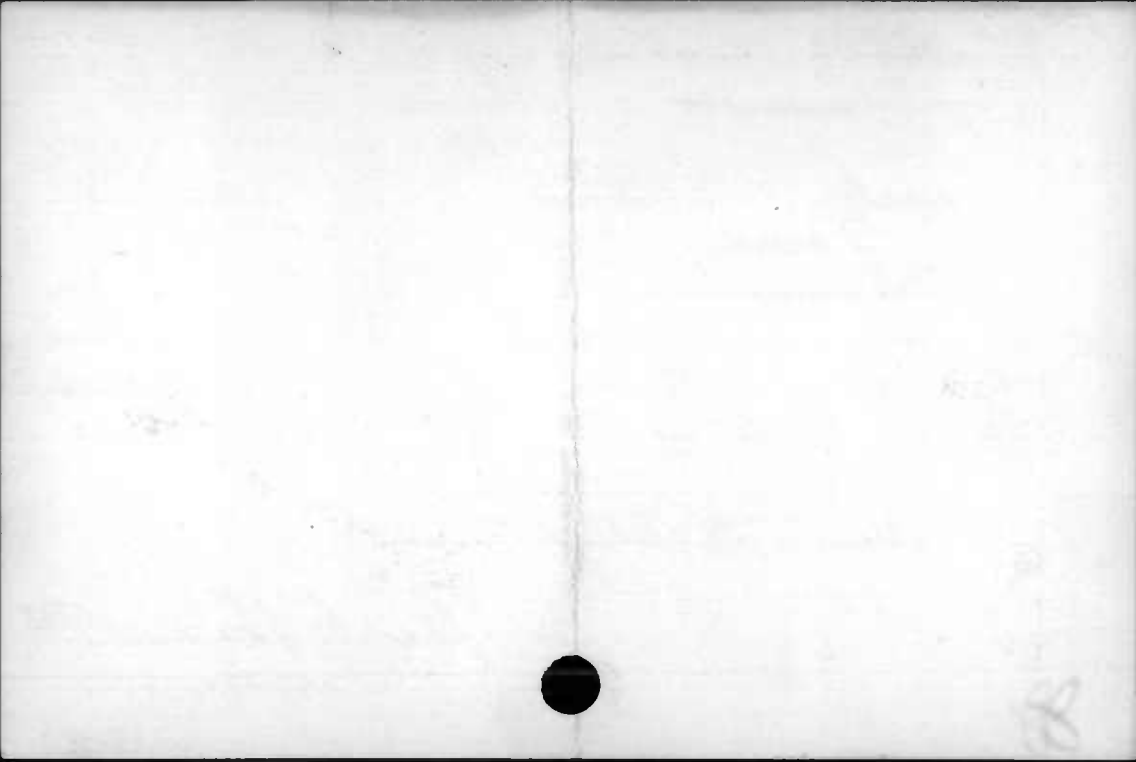
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stuyvesant</i>		County <i>Ches</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm P Long</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Virginia Dean</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm P Long</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ischemic</i>	How long <i>13 days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Goodrich</i>
	Address <i>Myintown Ind</i>
Accident or Suicide?	





Name  
in  
Full

Walter W. Milstead.

CERTIFICATE OF DEATH

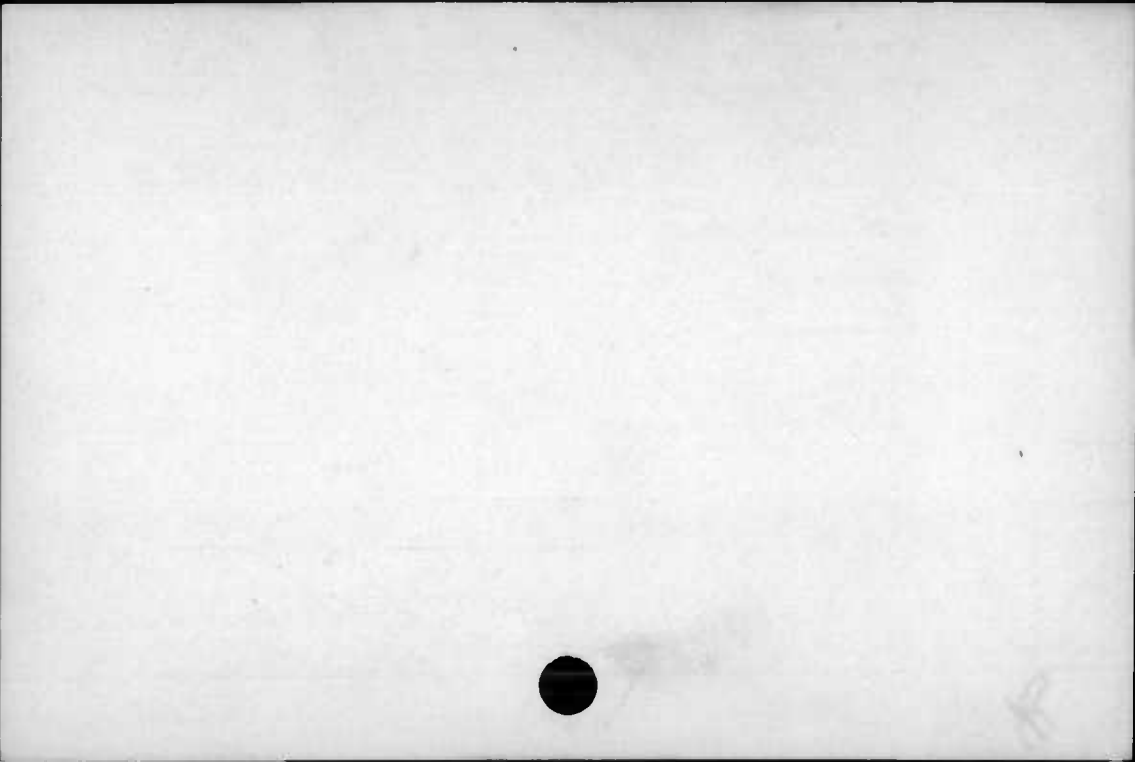
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chicamuxin</u> Town		<u>Charles</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month <u>Jan.</u>	Day <u>2</u>	Age <u>82</u>	Years <u>82</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Maryland.</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>1st wife Theodosia a Speach</u> <u>2nd wife Josephine Buster</u>				
Father's Name <u>Matthew Milstead</u>	Father's Birthplace <u>Maryland.</u>				
Mother's Maiden Name <u>Susan Blaw</u>	Mother's Birthplace <u>Virginia.</u>				
Name of person giving information <u>Worthington Milstead</u>	How related to deceased <u>Son.</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Senile Dementia</u>	How long <u>154</u>
Immediate	<u>Senile Dementia</u>	How long <u>154</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Geo. C. Bicknell,</u> <u>Pisgah, Md.</u>
Accident or Suicide?	<u>No</u>	Address <u>Pisgah, Md.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

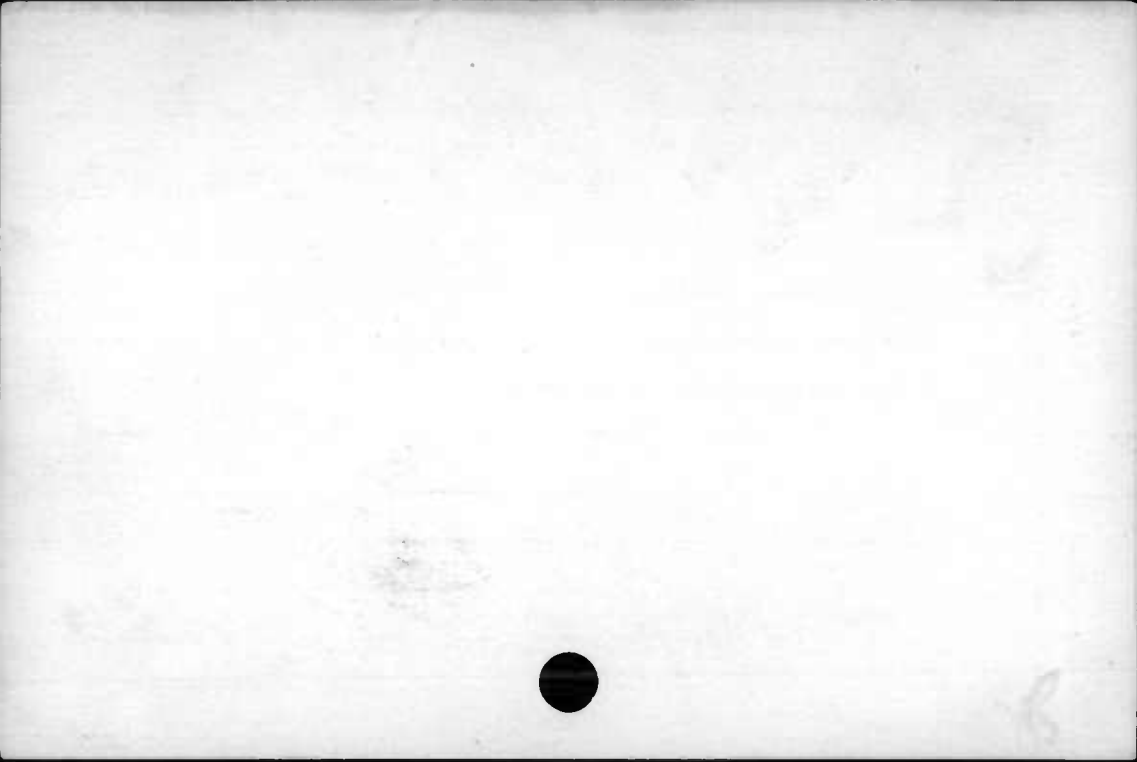
TO BE ANSWERED BY  
NEAREST FRIEND

Name Alexander E. Moran		Town Dumbarton		County Charles		MARYLAND	
Died at		Date of death 1907		Month Jan'y		Day 13	
Sex male		Color or Race white		Age 70		Years Months Days	
Occupation Farmer		Birth- place ind.		Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband Betsey Moran		Father's Birthplace Charles M. A.			
Father's Name Elkanah Moran		Mother's Maiden Name not known		Mother's Birthplace ind.			
Name of person giving Information J. S. Moran		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia		How long 10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. B. Vermorel, M.D.	
Accident or Suicide?		Address 1740 Union ind.	



Name  
in  
Full

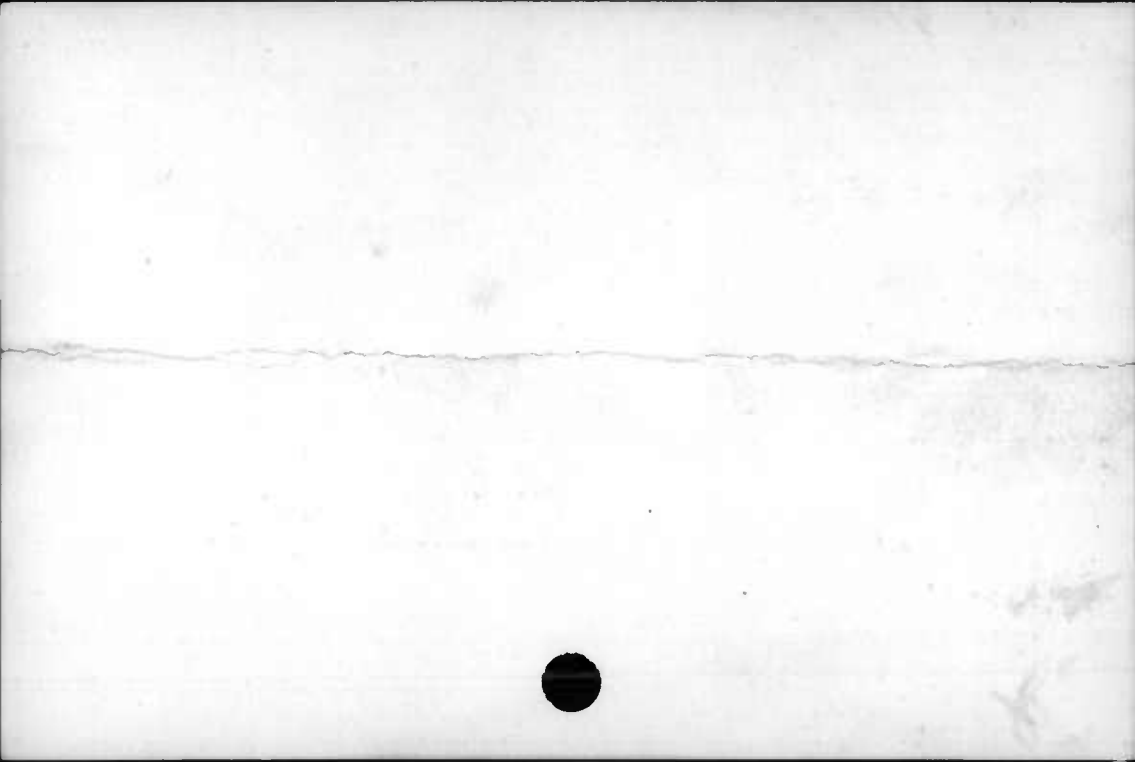
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Benedict</i>		County <i>Plater</i>		MARYLAND	
Date of death		Month <i>Jan</i>		Day <i>8</i>		Age <i>11</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Ind</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>Benedict Ind</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Thos. Plater</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Ella Brooks</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Thos Plater</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

Primary	<i>Acute Gastritis</i>	How long <i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. M. Brown</i>
		Address <i>Aguasca Ind</i>
Accident or Suicide? <i>-</i>		



Name  
in  
Full

John Thompson

## CERTIFICATE OF DEATH

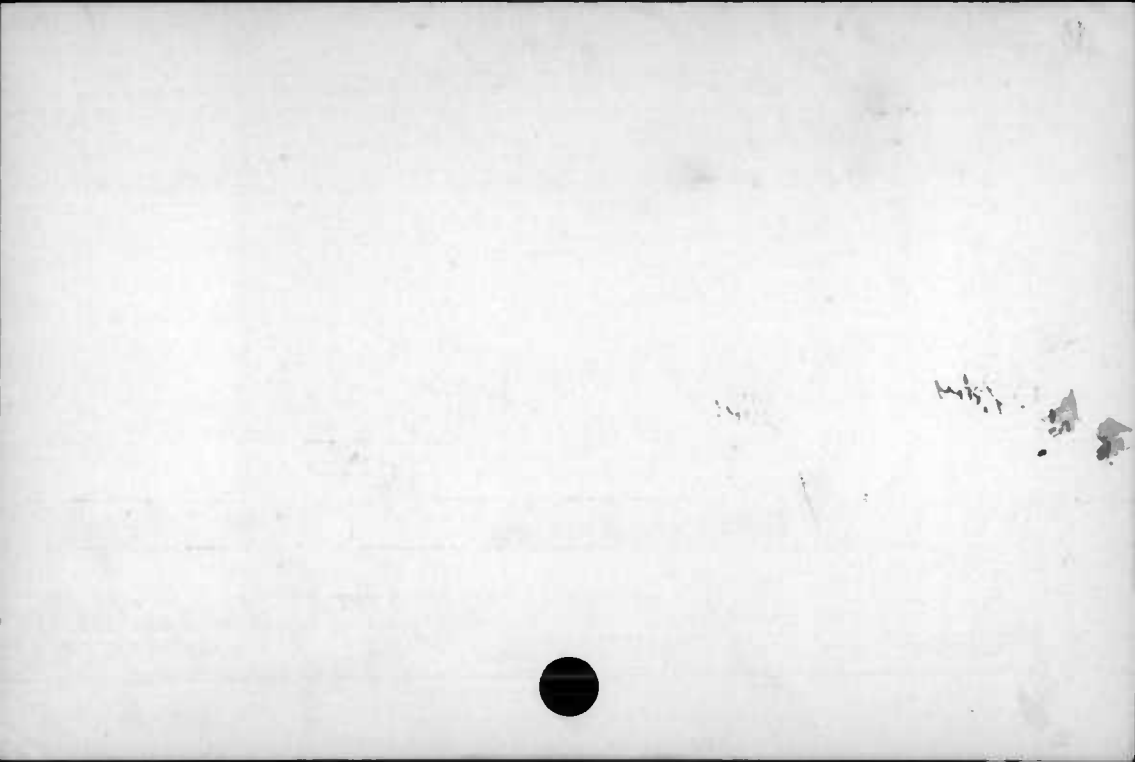
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel allon</i>		Town		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>22</i>	Age	Years	Months	Days	<i>one day</i>
Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>Bel allon</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George Thompson</i>			Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Elizabeth Thompson</i>			Mother's Birthplace <i>Charles Co.</i>				
Name of person giving information <i>George Thompson</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature 7 months child</i>	How long	<i>one day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Peter H. Roby I.P.</i>	
<i>Yes</i>		Address <i>Bel allon Md.</i>	
Accident or Suicide?		<i>Sub. Registrar</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

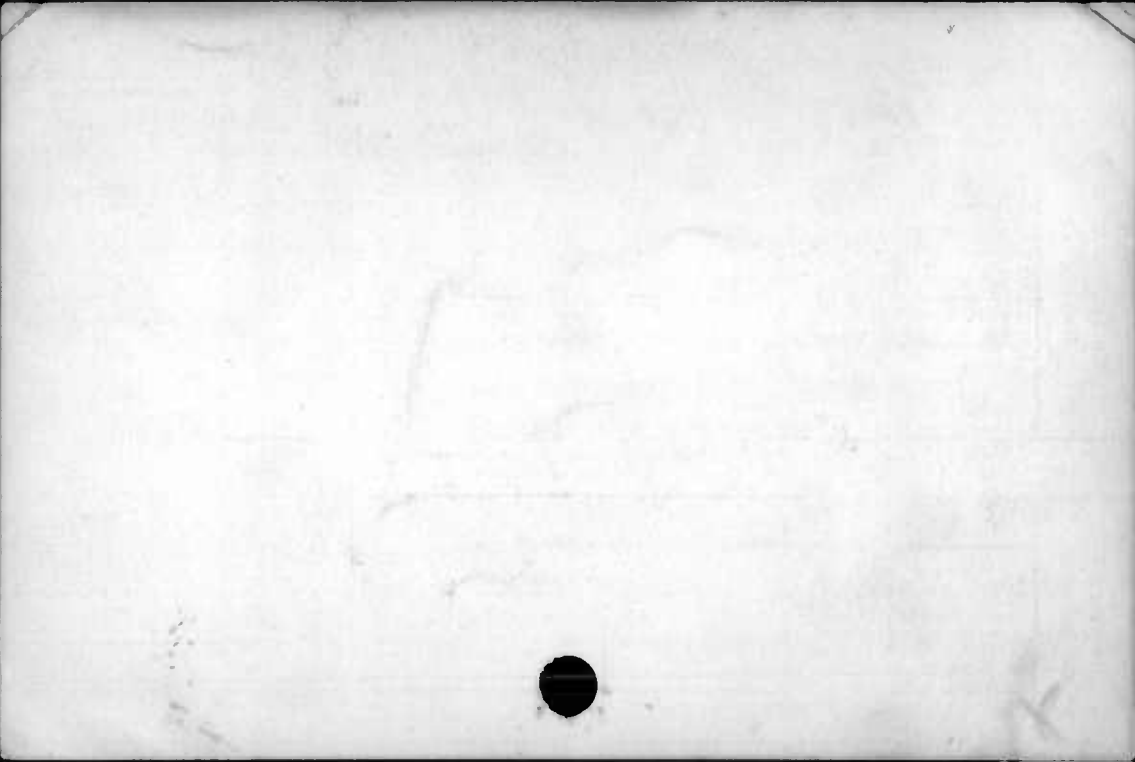
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Benedict</i>		County <i>Charles</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		<i>Jan'y</i>	<i>30</i>	<i>80</i>			
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Med</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Baroline Thompson</i>			
Father's Name	<i>Lemuel Thompson</i>					Father's Birthplace	<i>Med</i>
Mother's Maiden Name	<i>Eliza Powers</i>					Mother's Birthplace	<i>Med</i>
Name of person giving information	<i>James A. Hancock</i>					How related to deceased	<i>Son in law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>		How long	<i>5 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>L. C. Carrio M.D.</i>		
		Address		
		<i>Bryantown</i>		
		<i>Med</i>		
Accident or Suicide?				



Name in Full <b>Mary Magdalen Waelen</b>		CERTIFICATE OF DEATH	
Town <b>Wicomico</b>		County <b>Charles</b>	
Died at <b>Wicomico</b>		MARYLAND	
Date of death <b>1907 Jan 30</b>	Month <b>Jan</b>	Day <b>30</b>	Years <b>1</b>
Sex <b>Female</b>		Color or Race <b>White</b>	Months <b>—</b>
Occupation <b>None</b>		Birthplace <b>Ind</b>	Days <b>—</b>
Where Residing if not at place of death <b>at home</b>			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>		
Father's Name <b>J. Spalding Waelen</b>	Father's Birthplace <b>Ind</b>		
Mother's Maiden Name <b>Emma Bowman</b>	Mother's Birthplace <b>Ind</b>		
Name of person giving information <b>Julian Simpson</b>	How related to deceased <b>Half Brother</b>		
CAUSES OF DEATH			
Primary <b>Pneumonia</b>	How long <b>3 weeks</b>		
Immediate <b>Pulmonary &amp; Cardiac Comp.</b>	How long <b>6 days</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes as given by applicant</b>	Signature of Physician <b>C. L. Cecil</b>		
Address <b>Wicomico</b>	Birthplace <b>Ind</b>		
Accident or Suicide? <b>—</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McLeansboro</i> Town <i>Ohio</i> County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>1</i>	Day <i>4</i>	Age <i>1</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>McLeansboro</i>	
Married, Single or Widowed <i>Single</i>		Occupation	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Lancy Warren</i>		Father's Birthplace <i>Chick' m'c</i>	
Mother's Maiden Name <i>Louisa Johnson</i>		Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Lancy Warren</i>		How related to deceased <i>Parent</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate	<i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>None</i>
		Address <i>W. F. Brainerd</i>
Accident or Suicide?		

Reported by  
W. H. Brown  
San Rey